

Facing page 503 of Vogel's work is a cut, No. 10, described in the text as "a tumour, supposed to be encephaloid, from the lung of an officer who had often suffered from gonorrhœa. The lung contained a circumscribed tumour of the size of a walnut, and of a reddish-white colour. It was quite soft, could easily be reduced to a pulp, and resembled cerebral substance. From these physical characters, it was pronounced to be encephaloid of the lung." We are at a loss here to determine whether he makes reference to the same tumour in both instances; the cut that is given could not be distinguished from a drawing I made by the camera lucida of the tumour I have described, or rather of its globules; for the cut in Vogel I suppose merely represents oil globules.

The diagnosis of the tumour originating in the liver (as we suppose from the autopsy it was evident it did) was founded on the tendency of the liver beyond almost any other structure to secrete oil globules.

The tumour, I suppose, had its origin on the diaphragmatic portion of the liver; a distinct growth, independent of the liver, save that it received its impulse and nutriment therefrom. By pressure on the liver, it took on an ulcerative inflammation, with absorption. The like pressure on the diaphragm caused it also to be destroyed in like manner; but when the tumour gained an entrance into the thorax, the pressure that must have heretofore confined it to a considerable degree, being removed, its growth was rapid, with a speedy destruction of the lung; no expectoration of the tumour taking place until it had gained the larger bronchi.

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ART. IX.—*Case of Cynanche Parotidea, with Metastasis to the Testicle, and Cerebral Complication. Convalescence in ten days.* By FRANCIS MINOT, M. D. (Read before the Boston Society for Medical Observation, Jan. 21st, 1850.)

MR. A., a gentleman aged about fifty, tall, thin, with dark complexion, hair and eyes, of strongly marked nervous temperament, habitually dyspeptic and low-spirited, frequently complaining of pain in the head, was more unwell than usual on the 9th of August, 1849, and, on the evening of the 10th, had swelling under the angle of the lower jaw on each side, with pain on motion of the jaw, and in swallowing. He was living at the time a few miles from the city, at a place where an epidemic of mumps was prevalent. The pain was quite severe, but the swelling moderate. He took no remedies, but kept in-doors until the 13th, when he came to town to attend to some important business, although it was raining, and the weather was damp and chilly. He was well wrapped up, and did not fatigue himself.

The same evening he called upon me to say that the swelling in the jaws had abated, and that he began to feel occasionally slight pain in the testicles. He was habitually costive, but the bowels had been freely opened by medicine. He was advised to take some mild laxative medicine, to go to bed, and to apply fomentations to the jaws, with support to the testicles.

The next morning (Aug. 14th), the pain in the testicles had diminished, and that in the jaw was increased. He had had an uncomfortable night, and was very irritable and restless, complaining much of pain in the top of his head. The tongue was covered with a thin yellowish coat, and there had been no dejection. He repeated the medicine of the previous evening, but without effect; and towards night the pain in the head had increased considerably, and he had had alternations of chills and heat through the day. He was very restless and irritable, and the skin was very sensitive to the least touch. There was but little pain in the testicles. The pulse was 100, and quite full. There was considerable thirst, and no appetite. He was ordered four ounces of an infusion of senna and manna.

At 10 P. M., he had had no dejection, but passed much wind, which gave him great relief. He refused to take an enema. He had slept most of the time since six o'clock, and said he felt better, and that he had no pain in the testicles, except while standing up. Pulse 84; urine free.

Aug. 15th. He had slept heavily almost all night. At 3 A. M., he got another dose of senna and manna, which operated once. His condition was as follows: Drowsy; answers intelligently, but slowly, and sometimes a little incoherently; face flushed; skin hot and dry; tongue covered with a thin, moist, whitish coat; thirst moderate; bad taste in mouth; pulse 88, full, somewhat hard; urine free; no pain or swelling in angles of jaw; right testicle somewhat swollen, hard, and tender; left testicle natural. He refused to have leeches applied to the head. Thirty drops of Hoffmann's anodyne were ordered every hour and a half.

At 6 P. M., he was more drowsy and stupid; took no interest in what was going on, had some stertor, had slept heavily all day, and had had one free dejection since morning. In other respects, he was the same as at the last visit.

Dr. J. Bigelow was called in consultation. The patient's feet were placed in warm water, sinapisms were applied to the feet and legs, fomentations to the abdomen and scrotum, and an evaporating lotion to the head. Ten grains each of calomel and compound extract of colocynth were administered.

Soon after this, he suddenly began to talk rapidly, and incoherently; became unreasonable, resisting the attentions of his attendants, and frequently expectorating small quantities of frothy saliva.

At 11 P. M., his condition remaining the same, about twelve ounces of blood were taken from the arm, the operation being performed with great difficulty, on account of the opposition of the patient. This was followed by no apparent change in the pulse or general symptoms. In the course of the

night, he had a free dejection, getting up to the water-closet, and returning to bed without assistance.

16th. During the night, he had no sleep, but continued talking incessantly. There were no spasms or convulsions. Dr. Bigelow being out of town, Dr. J. Ware saw the patient in consultation. His condition was very much the same. He was talking incessantly and incoherently, frequently expectorating small quantities of frothy saliva; very irritable, answering tolerably well to questions, but wandering again immediately; the pupils were natural, the eyes generally closed; the hands were constantly applied, one to the head, the other to the scrotum, supporting the testicles; the right testicle was enlarged to about double the size of the other, hard and tender; the patient said it was not painful; the left testicle was natural; no pain or swelling in angles of jaw; skin hot, and dry; face flushed; eye dull; tongue and mouth as on the 15th; much thirst; pulse 92, full, not hard. Twenty leeches were applied to the temples, notwithstanding much opposition on the part of the patient; croton oil was applied to the head, and he took a little gruel, and a cup of tea.

In the afternoon, Drs. Bigelow and Ware saw the patient in consultation. A scruple of calomel was given, and leeches were ordered to the scrotum, but the opposition of the patient was such that it was impossible to apply them.

Towards evening, he grew more quiet, and the delirium abated. He sat up a few minutes, and said it gave great relief to his head. Afterwards, he lay quiet, occasionally dropping asleep, without stertor. Towards morning, he slept for an hour quietly. During the night, he rose several times, and went to the water-closet without assistance. His mind wandered occasionally, but he had no active delirium.

17th. Drs. Bigelow, Ware, and Walker saw the patient. The general condition was much improved. Pulse 84, soft; skin cool, and less dry; tongue cleaner on edges; he asked for gruel. The pain in the head was better; the mind pretty clear, though weak; he burst into tears on seeing his friends. The testicle was somewhat less swollen, though still very tender. The scrotum was somewhat oedematous. The teeth were slightly tender, and there was a bad taste in the mouth.

During the day, he sat up twice. In the evening, the pulse was 76, and quite soft. The urine was free, but high-coloured and offensive. He was very quiet and rational. The eyes were painful, probably from the effect of the croton oil conveyed to them from the hair by the fingers.

From this time, Mr. A. steadily improved, and by the 20th was convalescent. The pain and swelling in the testicle gradually disappeared. The pain in the head remained for a long time, and for several days he continued so sensitive to noise that whereas before his illness he was slightly deaf, he could now hear the lowest voice with ease.

Although cerebral complication in cases of mumps is spoken of by all

writers as generally fatal, the writer has been able to find but one recorded case in the books. Eberle (*Treatise on the Practice of Medicine*, vol. ii. p. 333) says, "I have known a case of this kind terminate fatally in less than an hour, under a paroxysm of violent convulsions." Perhaps the danger of the affection has been overrated. We may suppose that the sympathetic irritation caused by the metastasis of a specific and limited inflammation would be likely to cease when the latter had come to its natural termination; and, in fact, in this case the delirium ceased on the sixth day after the first appearance of the swelling of the parotid glands, being about the time when those glands would have subsided into their natural state, in the usual course of things. But observations are wanting on this point.

By a majority of writers, metastasis to the testicle in mumps is regarded as a favourable circumstance, as serving to divert the disease from the brain; yet, in this instance, the swelling of the testicle preceded the cerebral symptoms by about thirty-six or forty hours! and Watson (*Lectures on the Principles and Practice of Physic*, vol. i. p. 775) remarks, "Inflammation of the brain or its membranes has sometimes occurred on the disappearance of the *parotid* swelling; but it has much oftener supervened, I believe, upon the retrocession of the inflammation of the *testicle* or *mamma*." But in this case there was no *retrocession*; the testicle continued swollen and tender during the head symptoms, and for some time after.

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ART. X.—*Contributions to Practical Medicine*. By JOHN P. METTAUER, M. D., LL. D., Professor of the Principles and Practice of Medicine and Surgery in the Medical Department of Randolph Macon College, Virginia.

I. *Constipation*.—In slight degrees, constipation is hardly to be regarded as a disease; and, with some individuals, it does not seem to impair the health even when of prolonged continuance. Most commonly, however, the health suffers impairment, in greater or less degrees, from its commencement; and it is always an annoying state, more especially with persons of regular habits, who place the proper value upon daily evacuations from the bowels, as an important means of preserving health. With students, or other persons of sedentary habits, it is almost invariably both annoying and health-disordering. Few laborious and indefatigable students escape it. Generally, it calls for correction, as, if long continued, it will often superinduce disease of grave characters. It is by no means uncommon to find constipation induced by want of corporeal exercise, or a neglect to evacuate the bowels at the customary hour, resulting in disordered digestion, and finally in *dyspepsia*, with its train of real and imaginary ills.